



Arizona Regulatory Board of Physician Assistants

1740 W. Adams Ste. 4000 • Phoenix, AZ 85007

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**MONITORED AFTERCARE PROGRAM
Notice Requirements/Future Notice Requirements**

As part of the requirements for participation in the Board's Monitored Aftercare Program, the Physician Assistant whose name appears below is required to immediately provide a copy of the Agreement to all employers, hospitals, and free standing surgery centers at which the physician currently has privileges. Within 30 days of the date of the Agreement, the physician assistant shall provide the Board with a signed statement that the physician assistant has complied with this notification requirement. The physician assistant is further required to, under penalty of perjury, immediately notify the Board of any changes in employment and of any hospitals and freestanding surgery centers at which he gains privileges after the effective date of this Agreement.

Physician Assistant Name: _____, **P.A. License No.** _____

Employer:

Employer Name: _____

Address: _____

Copy of Agreement given to:

Print Name

Title

Signature of Authorized Staff Member

Telephone #

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Privileges:

Hospital/Surgery Center: _____

Address: _____

Copy of Agreement given to:

Print Name

Title

Signature of Authorized Staff Member

Telephone #

Privileges:

Hospital/Surgery Center: _____
Address: _____

Copy of Agreement given to:

Print Name Title

Signature of Authorized Staff Member Telephone #

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Privileges:

Hospital/Surgery Center: _____
Address: _____

Copy of Agreement given to:

Print Name Title

Signature of Authorized Staff Member Telephone #

I, _____, P.A. under penalty of perjury, state that I have provided a list of the name(s) and address(es) of all employers, hospitals and free standing surgery centers at which I have privileges to practice. I am also required to, under penalty of perjury, immediately notify the Board of any changes in employers, hospitals and free standing surgery centers at which I have privileges to practice during the term of this Agreement.

_____, P.A.